

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/569049

FILING DATE

9.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1		1			
12						
13	2		1			
14	1		1			
15	1		1			
16	1		1			
17	2		1			
18	1		1			
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	17	←	15	←	←	←
TOTAL CLAIMS	20		18			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						

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